FORM 6 (ND/SD MISS. DEC. 2016)

		UNITED STATES DISTRICT DISTRICT OF M		
		Plaintiff		
v.			CIVIL ACTION NO.	1
		Defendant		
	APPLIC	CATION FOR ADMISSION	PRO HAC VIO	CE
(A)	Name:			
	Firm Name:			
	Office Address:			
	City:		State	Zip
	Telephone:		Fax:	
	E-Mail:	DISABILITY RIGHTS MIS VOTERS OF MISSISSIPPI	, WILLIAM EA	
(B)	Client(s):	CUNNINGHAM, and YVONNE GUNN		Ci. 1 C Ci. 200
	Address:	c/o Southern Poverty Law Center- 111 East Capital Street, Suite 280		
	City:	-	State	Zip
	Telephone:		Fax:	
	The following inform	nation is optional:		

	Have you had a prior or continuing representation in other matters of one or more of the clients you propose to represent, and is there a relationship between those other matter(s) and the proceeding for which you seek admission?
	Do you have any special experience, expertise, or other factor that you believe makes it particularly desirable that you be permitted to represent the client(s) you propose to represent in this case?
C)	I am admitted to practice in the:
	State of
	District of Columbia
	and I am currently in good standing with that Court. A certificate to that effect, issued by the appropriate licensing authority within ninety days of the date of this Application, is enclosed; the physical address, telephone number and website/email address for that admitting Court are:
	All other courts before which I have been admitted to practice:

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Jurisdiction	Period of Admission

		Yes	No
(D)	Have you been denied admission pro hac vice in this state?	0	0
	Have you had admission pro hac vice revoked in this state?	0	0
	Has Applicant been formally disciplined or sanctioned by any court in this state in the last five years?	0	0

If the answer was "yes," describe, as to each such proceeding, the nature of the allegations, the name of the person or authority bringing such proceedings; the dates the proceedings were initiated and finally concluded; the style of the proceedings; and the findings made and actions taken in connection with those proceedings:

		Yes	No
(E)	Has any formal, written disciplinary proceeding ever been		
	brought against you by a disciplinary authority in any other	0	0
	jurisdiction within the last five years?	Ü	O

If the answer was "yes," describe, as to each such proceeding, the nature of the allegations; the name of the person or authority bringing such proceedings; the date the proceedings were initiated and finally concluded; the style of the proceedings; and the findings made and actions taken in connection with those proceedings.

		Yes	No
(F)	Have you been formally held in contempt or otherwise		
	sanctioned by any court in a written order in the last five years	0	0
	for disobeying its rules or orders?		

If the answer was "yes," describe, as to each such order, the nature of the allegations, the name of the court before which such proceedings were conducted; the date of the contempt order or sanction, the caption of the proceedings, and the substances of the court's rulings (a copy of the written order or transcript of the oral rulings must be attached to the application).

(G) Please identify each proceeding in which you have filed an application to proceed pro hac vice in this state within the preceding two years, as follows:

Name and Address of Court Date of Outcome of Application Application

Email address:

(H)	Please identify each case in which you have appeared as counsel pro hac vice in
	this state within the immediately preceding twelve months, are presently appearing
	as counsel pro hac vice, or have pending applications for admission to appear pro
	hac vice, as follows:

	hac vice, as follows:			
Name and Address of Court Style of Case				
(I)	Have you good and become	o familian with all the LOGAL	Yes	No
(I)	UNIFORM CIVIL RULES OF	e familiar with all the LOCAL THE UNITED STATES DISTRICT AND SOUTHERN DISTRICTS OF	0	0
	MISSISSIPPI?	IN AND SOUTHLAN DISTRICTS OF	U	U
		e familiar with the MISSISSIPPI RUL		
	OF PROFESSIONAL CONDUC	T?	0	0
(J)	Please provide the following associated for this case:	g information about the resident a	attorney who has b	een
Name	and Bar Number			
Firm N	Name:			
Office	Address:			
	City:	State:	Zip:	
	Telephon	e: Fax:		

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(K)	The undersigned resident attorney certifies that he/she agrees to the association with
	Applicant in this matter and to the appearance as attorney of record with Applicant.

/s/ Leslie Jones, MS Bar No. 106029
Resident Attorney

I certify that the information provided in this Application is true and correct.

Date Applicant's Handwritten Signature

Unless exempted by Local Rule 83.1(d)(5), the application fee established by this Court must be enclosed with this Application.

CERTIFICATE OF SERVICE

The undersigned Resident Attorney certifies that a copy of this Application for Admission

Pro Hac Vice has been mailed or otherwise served on this date on all parties who have appeared in this case.

This the ______ day of _______, 20___.

/s/ Leslie Jones, MS Bar No. 106029 Resident Attorney